

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT'S

FILING DATE

CLAIMS

	AS FILED		AFTER IN ALLOCATION		AFTER IN ALLOCATION								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
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21							81						
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26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL						
42							TOTAL						
43							TOTAL						
44							TOTAL						
45							TOTAL						
46							TOTAL						
47							TOTAL						
48							TOTAL						
49							TOTAL						
50							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						

	AS FILED		AFTER INACHOUMENT		AFTER INACHOUMENT	
	INO.	OCF.	INO.	OCF.	INO.	OCF.
1						
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TOTAL						
INO.						
OCF.						
TOTAL						

COLT

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)

SERIAL NO.

APPLICANT'S

FILING DATE

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1	1	1	1
2				1		1
3				1		1
4			1		1	
5			1		1	
6				1		1
7				1		1
8				4		4
9				4		4
10				3		3
11				4		4
12				4		4
13				4		4
14			1		1	
15				1		1
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20				1		1
21				4		4
22				3		3
23				4		4
24				4		4
25				4		4
26				4		4
27				4		4
28				1		1
29						
30						
31						
32						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL			8		8	
TOTAL			59		59	
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
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TOTAL						
TOTAL						
TOTAL						

## CLAIMS

AS FILED		AFTER 1st ENCLOSURE		AFTER 2nd ENCLOSURE	
NO.	DEF.	NO.	DEF.	NO.	DEF.
1					
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TOTAL NO.					
TOTAL DEF.					
TOTAL					

CDN-4

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)**

SERIAL NO. **252592**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER IN ALLOCATION		AFTER IN ALLOCATION	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
3				1		
4						
5			1			
6			1			
7				1		
8				4		
9				4		
10				3		
11				4		
12				4		
13						
14			1			
15				1		
16						
17			1			
18			1			
19			1			
20				1		
21				4		
22				3		
23				4		
24				4		
25				4		
26				4		
27				4		
28				4		
29						
30						
31						
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37						
38						
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44						
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46						
47						
48						
49						
50						
TOTAL NO.			8			
TOTAL OFF.			25			
TOTAL			62			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
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69						
70						
71						
72						
73						
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75						
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100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

COL 4

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 870)

SERIAL NO.

APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1								61					
2								62					
3								63					
4								64					
5								65					
6								66					
6								67					
7								68					
8								69					
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11								72					
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15								76					
16								77					
16								78					
17								79					
18								80					
19								81					
20								82					
21								83					
22								84					
23								85					
24								86					
25								87					
26								88					
27								89					
28								90					
29								91					
30								92					
31								93					
32								94					
33								95					
34								96					
35								97					
36								98					
37								99					
38								100					
39								TOTAL					
40								TOTAL					
41								TOTAL					
42								TOTAL					
43								TOTAL					
44								TOTAL					
45								TOTAL					
46								TOTAL					
47								TOTAL					
48								TOTAL					
49								TOTAL					
50								TOTAL					
TOTAL								TOTAL					
TOTAL								TOTAL					
TOTAL								TOTAL					